

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00564765       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ECLECTIC GORILLA STUDIOS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 26 / 2016</div> </div>	
Mailing Address <b>4842 DAVENPORT STREET, NW</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2400.00</div>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20016</b>	<b>Transaction ID : SE24.629</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 27 / 2016</div> </div>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>		Category/ Type		
Name of Federal Candidate <b>KATHLEEN MCGINTY</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2870118.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 26 / 2016</div> </div>	
Mailing Address <b>2200 WILSON BLVD.</b> <b>STE. 102-533</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4559.99</div>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	<b>Transaction ID : SE24.630</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 27 / 2016</div> </div>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>		Category/ Type		
Name of Federal Candidate <b>KATHLEEN MCGINTY</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2870118.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6959.99</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 27 / 2016

Signature